

**"ALLERGIC"**

**ABC**

**D**

**A 1979**

**A 1979**

PATIENT'S NAME Senior Class

CHART NO.

**COLUMBIA UNIVERSITY DENTAL CLINIC**

## RADIOGRAPHIC RECORD

[illegible]

DENTAL NO. A1979

V.C. No. \_\_\_\_\_

Columbia University  
School of Dental and Oral Surgery

NAME Senior Class 1979 BIRTHDATE MO. 9 DAY 7 YR. 75 SEX NOT ENOUGH  
ADDRESS 630 W 168<sup>th</sup> St TEL. 694-3923 RACE W-1 (M) (S) (W) ?  
DATE 10-18-78 OCCUP. Medicaid worker

REFERRED BY the animals

MEDICAID IDENTIFICATION NAME

MEDICAID I.D. #

EXPIRES END OF 1979

MO. \_\_\_\_\_ YR. \_\_\_\_\_

PATIENT COMPLAINT It hurts all over

HISTORY

## SUBJECT'S HEALTH QUESTIONNAIRE

SIGNIFICANT ILLNESSES: (epilepsy, cardio-vascular disease, diabetes, asthma etc.) melancholia,  
lethargy, foot fetish - cheese cake syndrome in '75  
undercuts on distolingual crown prep.

ALLERGIES: Patient allergic to Community Health, disclosing agent  
cable balance, copper-bands

DRUGS: Patient taking nightly (but still, not enough)

CLINICAL EXAMINATION

## EXTRA-ORAL:

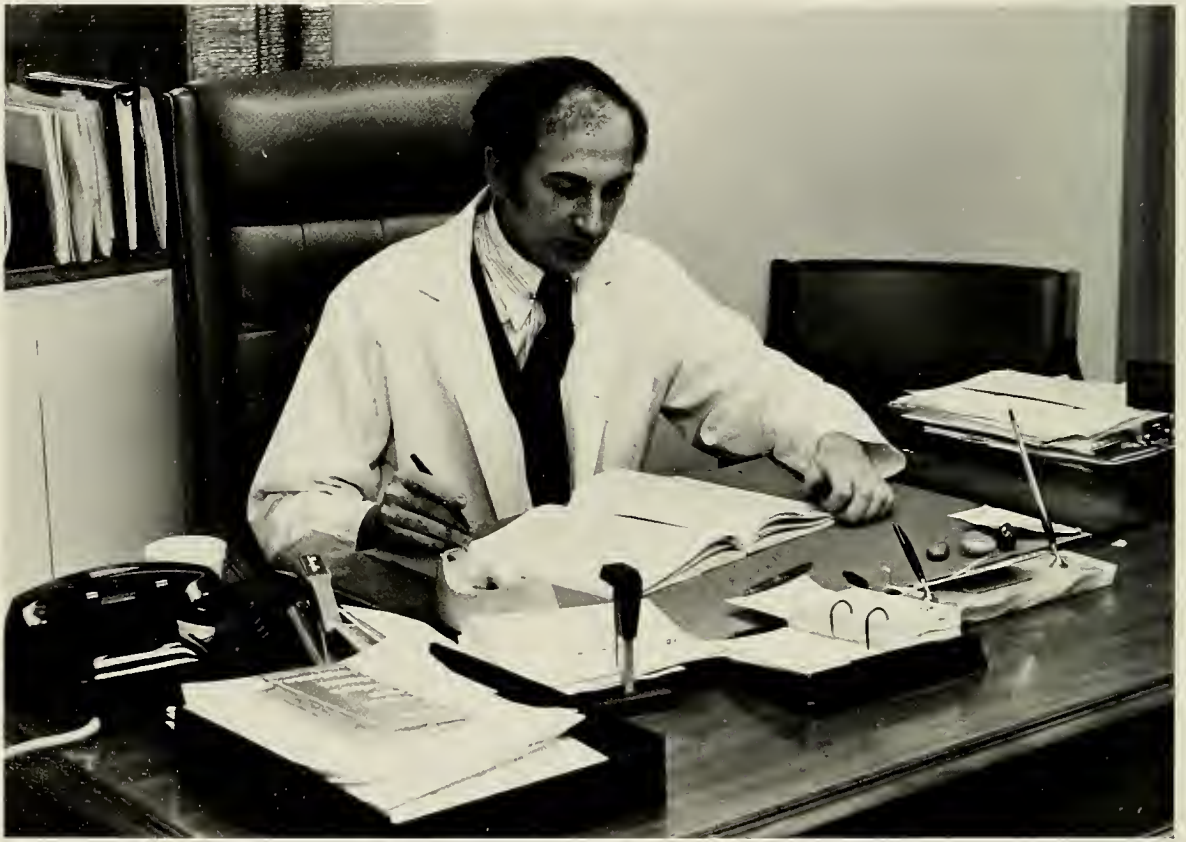
(a) Physical appearance bald, heavy set <sup>hook nose</sup> sucking up her lip.  
and braces.

(b) Head, face, neck large chancre on upper lip, saddle nose  
hypertelorism, frontal bossing, hairy ears.

(c) Lymph nodes and salivary glands Within outer limits







Dear Class of 1979

You have spent the greatest part of your lives preparing to enter the dental profession. Finally, your turn has come to be not only practitioners of dentistry, but as Columbia graduates, to also greatly influence the profession. The challenges of the approaching 21st Century will be yours to meet.

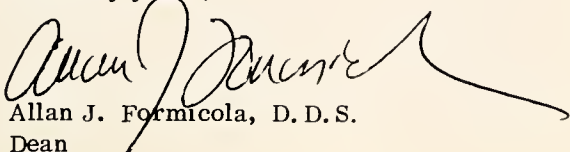
You have the opportunity to mold the future of dentistry. As new practitioners you will now be able to put into action those research advances which were emphasized in your education. As members of the profession you will also become involved in the broader issue of providing dental services to the community. Never lose your sensitivity to individual patient needs or your concern for public service as you go forward in your professional years.

As graduates of Columbia you have one of the best educational backgrounds to begin your future endeavors, but your education cannot stop here. Your responsibilities will inevitably increase and you must keep up with the scientific and clinical advances of your chosen profession. We hope that you will, as alumni, look towards Columbia in the future to help meet your need for continuing education.

It is time to apply the things you have learned. Whether you choose to do so in general practice, or by entering into specialty education, or research, we wish you success in the future and congratulate you on achieving the Doctor of Dental Surgery degree.

My personal best wishes.

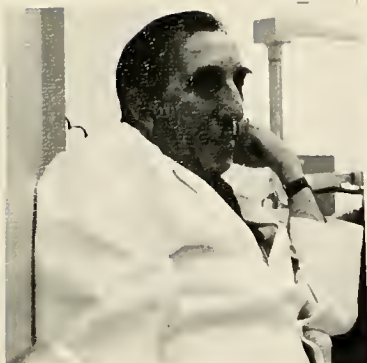
Sincerely yours,

  
Allan J. Formicola, D. D. S.  
Dean

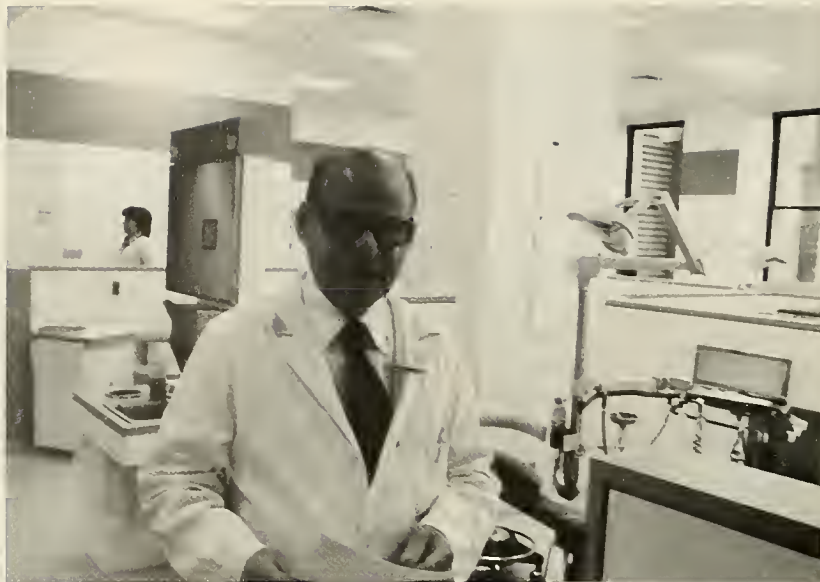
## CLASS OF 1979



**It is no small thing to advance true friendship  
while in the pursuit of a common goal  
It is no small thing to advance true comraderie  
while sharing a collective experience  
For such a spirit doubles the joys  
And halves the frustration and discontent  
If such a sentiment is not our most valuable asset  
Then it must be our most cherished memory-  
In the spirit of true friendship and comraderie-  
We dedicate this yearbook to the Class of '79.**



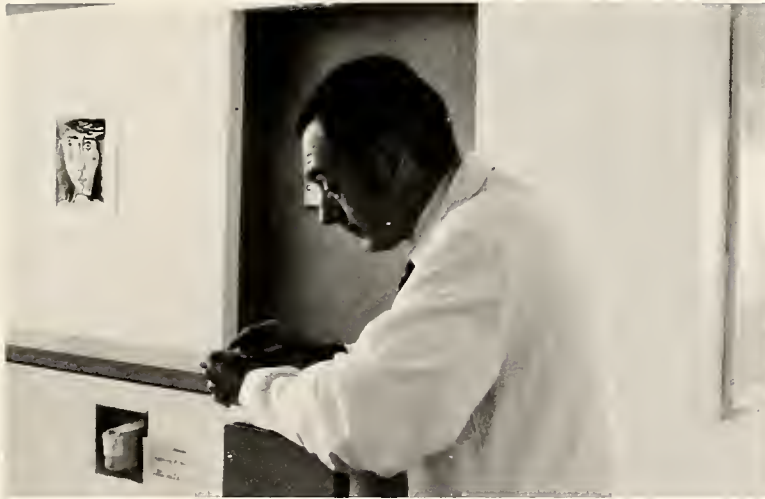




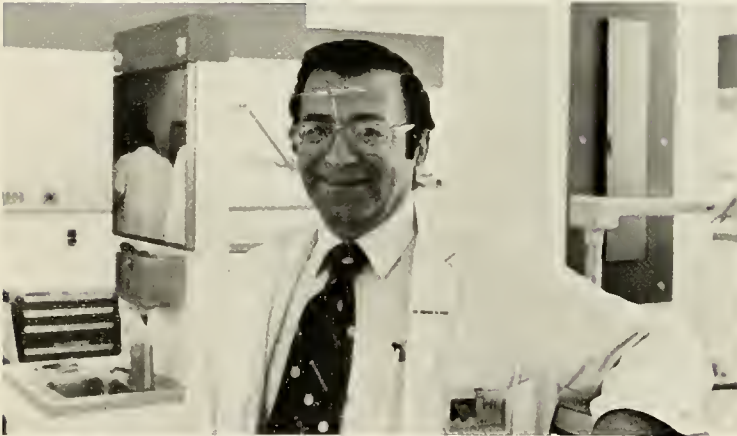
We wish to recognize the need for an instructor like Dr. Boelstler; a true educator who is acutely aware of our needs. He renders an uncompromising realistic approach to dentistry coupled with kindness and humor. He has instilled a profound respect for dentistry even without the use of a hand lens.



He is often the last instructor to leave the clinic floor each evening and the first to come shuffling in each morning. No man is more eager to share his clinical experience, technical expertise or just lend a helping hand. As each denture set-up passes before his critical eye every student awaits his inevitable but affectionate evaluation of- "No, No, No !". With this in mind, the Seniors of Module C wish to recognize, Dr. Alfred Holtzman, teacher, colleague, and friend, by saying to him- "Yes, yes, yes!".



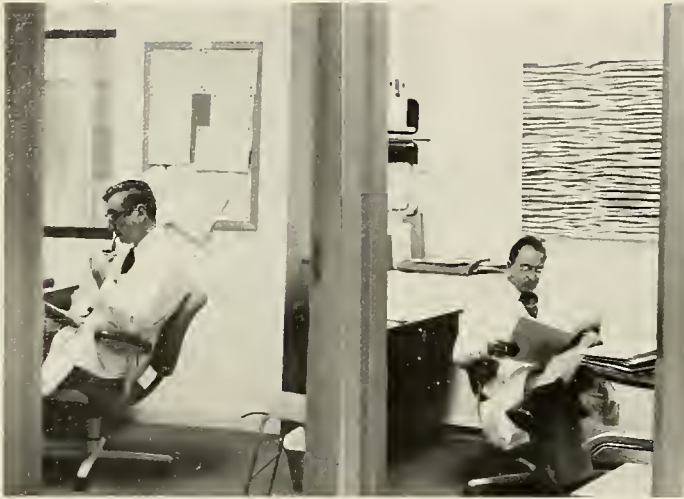
# PROSTHETICS



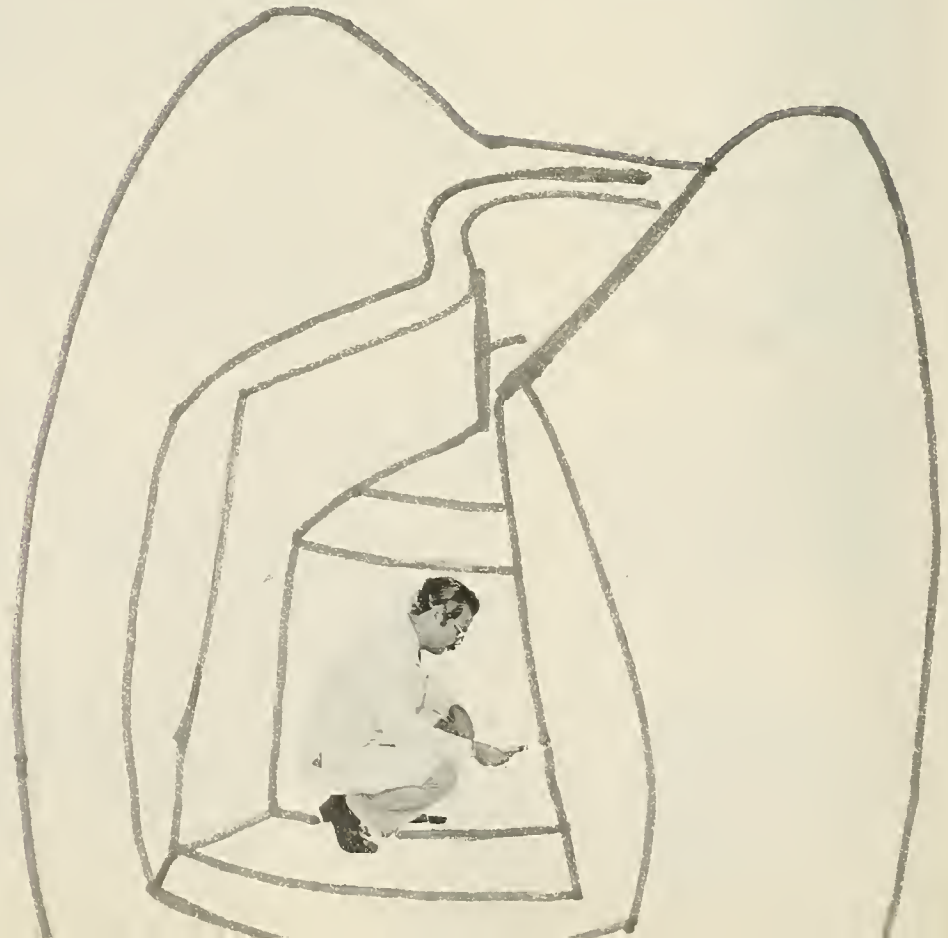
Dr. Lucca  
 Dr. Zane  
 Dr. Uccellani  
 Dr. Mazur  
 Dr. Morea  
 Dr. Kurpis  
 Dr. Miner  
 Dr. Vero  
 Dr. Curinga  
 Dr. Holtzman  
 Dr. Goldin  
 Dr. Leon  
 Dr. Durrer  
 Dr. Torres  
 Dr. Keurer  
 Dr. Osofsky  
 Dr. Rosenblum  
 Dr. Williams  
 Dr. Friedman  
 Dr. Miller  
 Dr. Abbott  
 Dr. Abelson  
 Dr. Freeman  
 Dr. Neuhaus  
 Dr. Charpentier  
 Dr. Ben-Huri  
 Dr. Veligdan  
 Dr. Rubins  
 Dr. Scarola  
 Dr. Cleary  
 Dr. Widrow  
 Dr. Grayson  
 Dr. Jackier  
 Dr. Kent  
 Dr. Lavine  
 Dr. Aaron



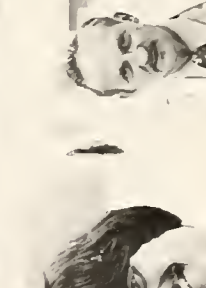
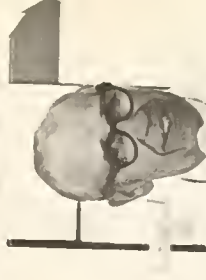
# OPERATIVE



"Stop shaking Nieskens."



Dr. Cain  
 Dr. Brzustowicz  
 Dr. Mirsky  
 Dr. Gutstein  
 Dr. Boelstler  
 Dr. Fritz  
 Dr. Boyd  
 Dr. Mellana  
 Dr. Deesen  
 Dr. Kosinski  
 Dr. Chang  
 Dr. Pianpiano  
 Dr. Scrivani  
 Dr. Rudensky  
 Dr. Santise  
 Dr. Camesas  
 Dr. Sadles  
 Dr. Pandolfo  
 Dr. Lichtenthal  
 Dr. Ninivaggio



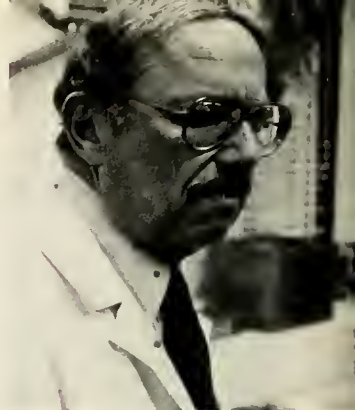
TransView

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"Before you cement that bridge, let me check your preps."

Benign Masseteric Hypertrophy



"Mustard & Sauerkraut?"

Shave & haircut 10¢

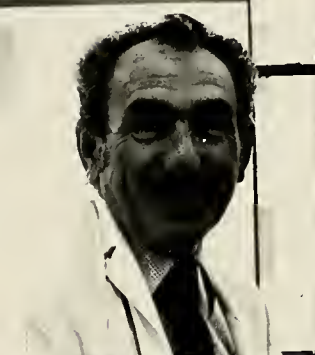


Future Operative Staff



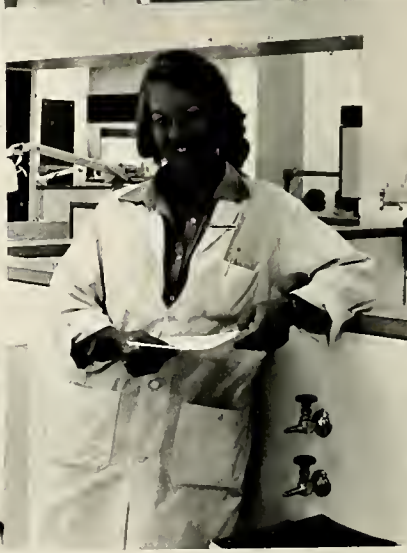
# ORTHODONTICS

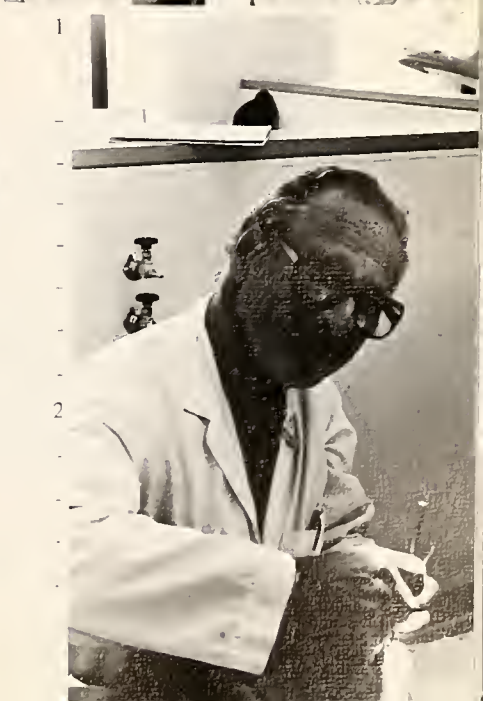
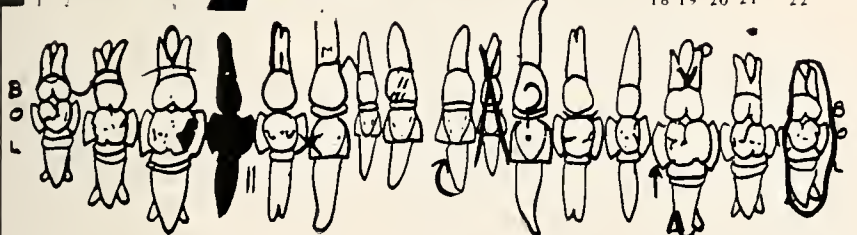
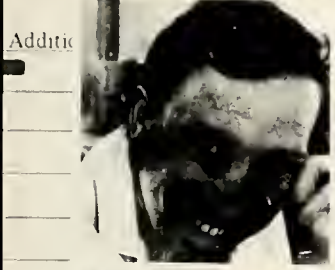
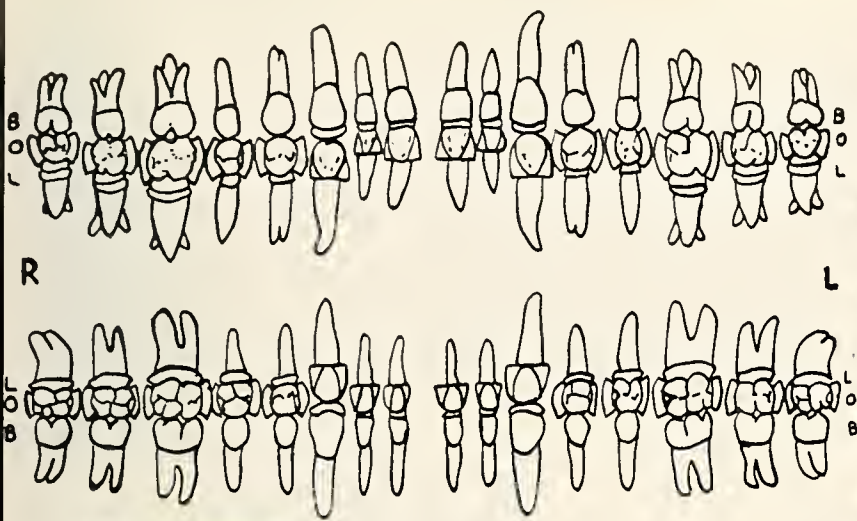




*Periodontists*

Abbatiello  
Boscarino  
Cederbaum  
Darakjian  
Fine  
Gold  
Gottsegen  
Habeeb  
Hirschfeld  
Karsh  
Kleiman  
Levine  
Lubarr  
Marion  
Morris  
Murray  
Savin  
Schwartz  
Tannenbaum  
Wagenberg  
Wasserman  
Winter



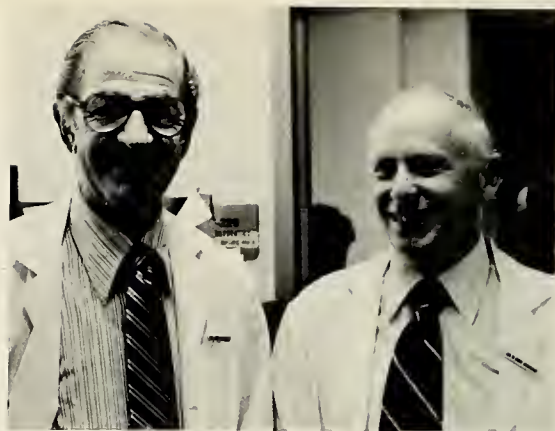


- |                                  |                                  |
|----------------------------------|----------------------------------|
| 1. Marginal Hyperplasia          | 12. Mobility, Degree of I II III |
| 2. Interdental Hyperplasia       | 13. Tilted                       |
| 3. Gingival Recession            | 14. Pain on Percussion           |
| 4. Gingival Cleft                | 15. Extraction Indicated         |
| 5. Faulty Marginal Ridge Contour | 16. Prognosis Doubtful           |
| 6. Missing Tooth                 | 17. Extruded                     |
| 7. Open or Loose Contact         | 18. Food Impaction               |
| 8. Periodontal Pockets           | 19. Furca Involvement            |
| 9. Faulty Contact                | 20. Periapical Radiolucency      |
| 10. Tooth Brush Abrasion         | 21. Fistulous Opening            |
| 11. Interdental Crater           | 22. Impacted or Unerupted        |

# ENDODONTICS



Drs. Gould, Drew,  
Solomon



Drs. Leavitt, Moreinis



Dr. Rothenberg



Dr. Naidorf





Drs. Fried, Goodman



Drs. Lund, Levi, Greenfield



Drs. Chien, Senzer



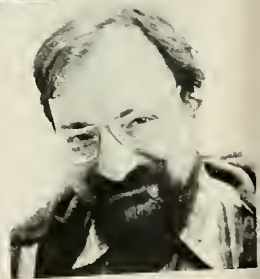
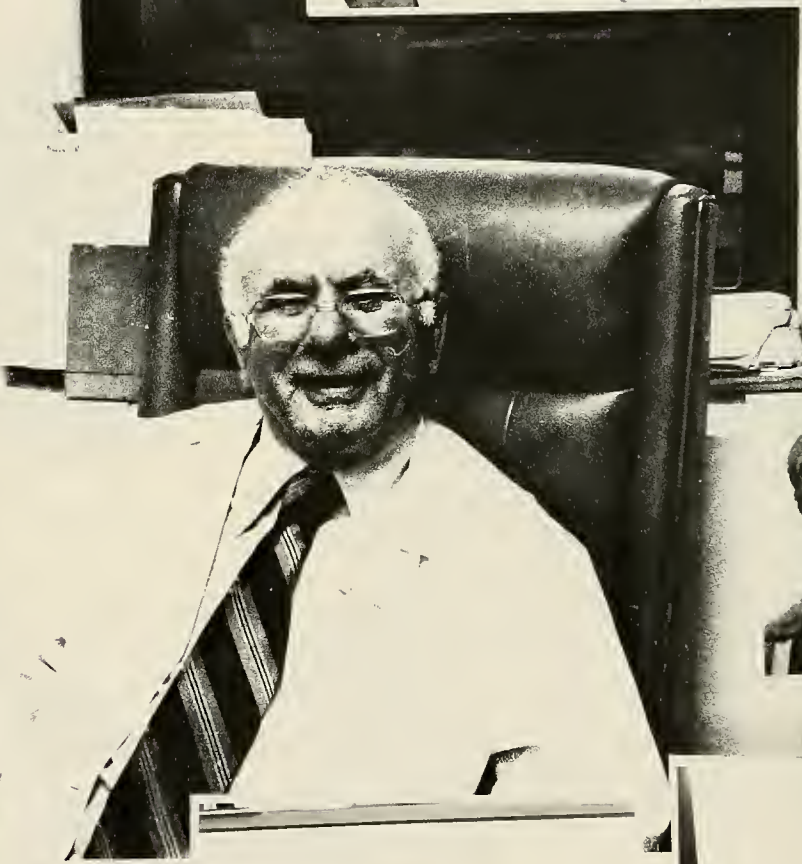
Dr. Kim

Picture not shown:  
Drs. Ambinder, Bessen, Firdman



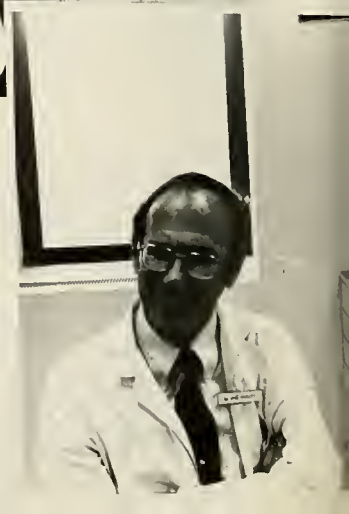
Endo Postgrads

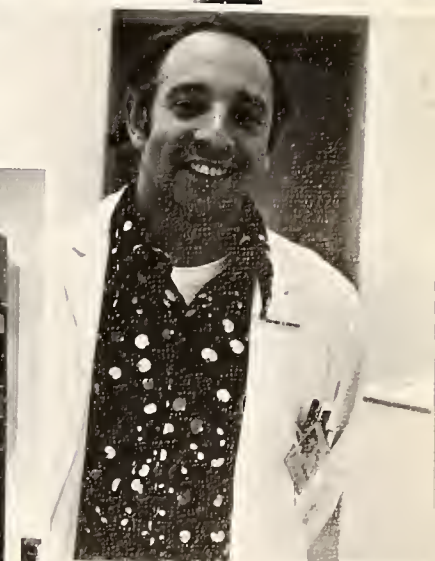
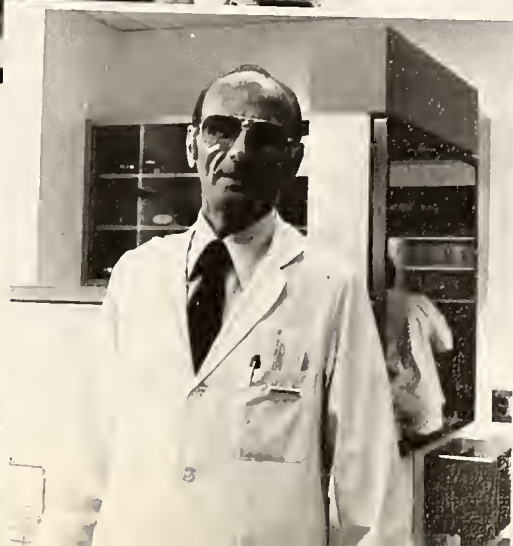
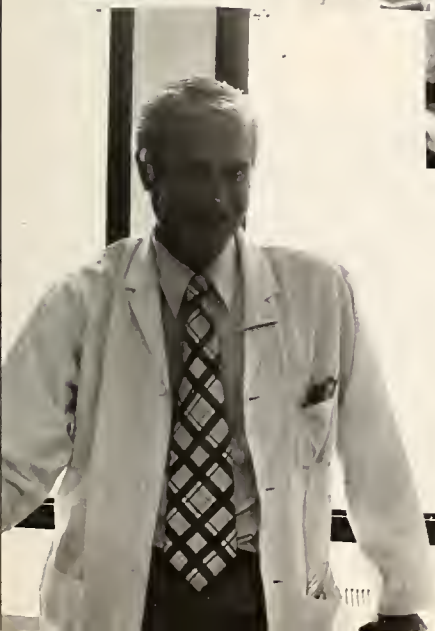
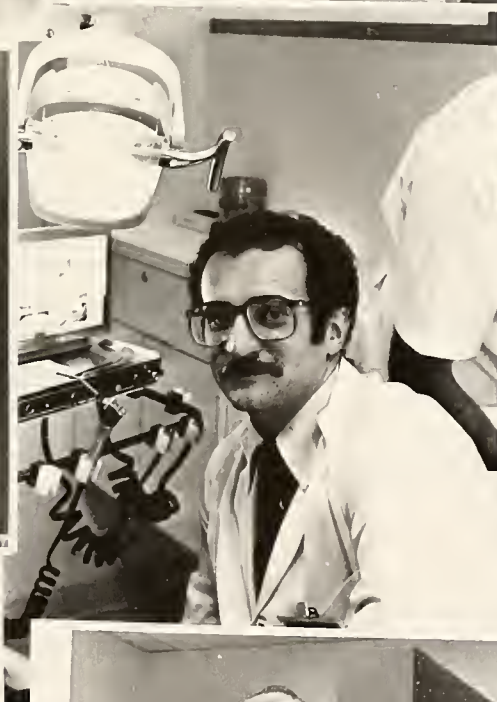
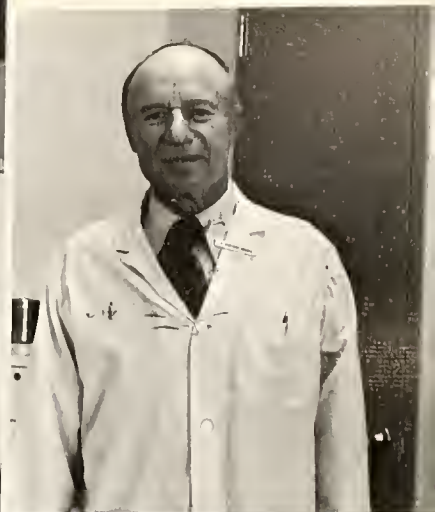
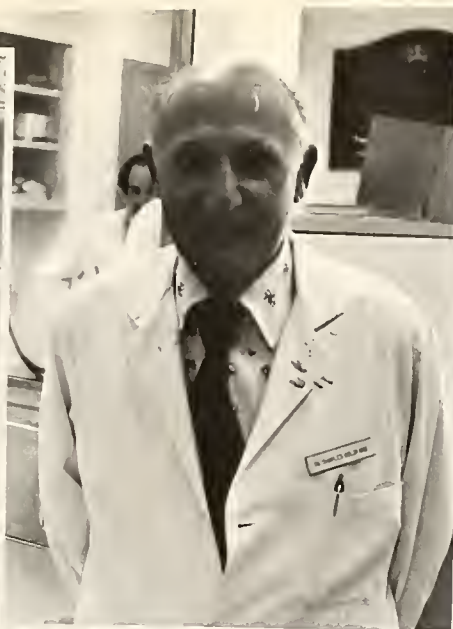
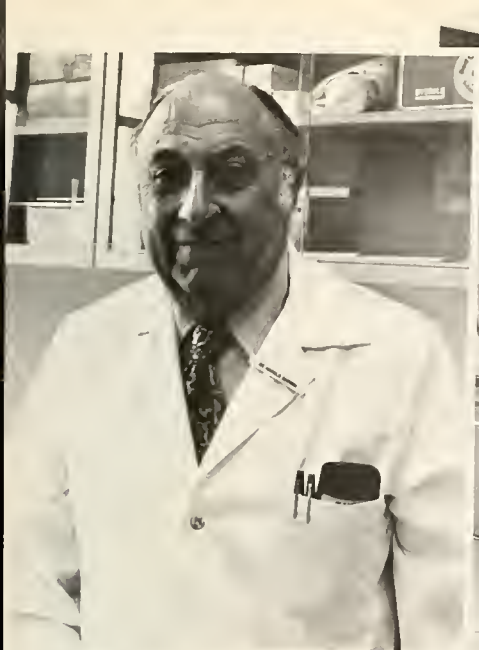
# ORAL DIAGNOSIS



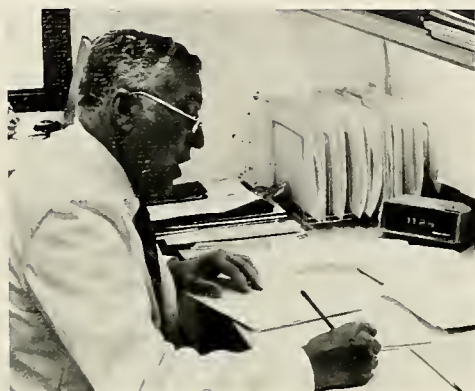
Drs: Ames  
Crowley  
Darwin  
Gabrielle  
Karmiol  
Marcu  
M. Marder  
Schiff  
D. Zegarelli

Blake  
Cusley  
Donovan  
Goldfarb  
Kutscher  
L. Marder  
Robinson  
Stolder  
E. V. Zegarelli





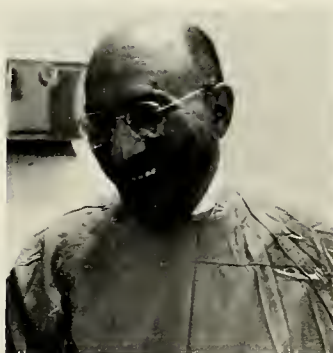
# ORAL SURGERY



Dr. Minervini



Dr. Mandel



Dr. O'Grady



Dr. Stern



Dr. Tunick



Dr. Jaffe



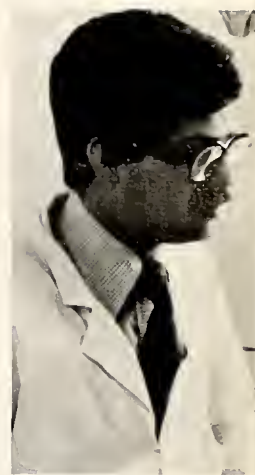
Dr. Goldberg



Dr. Weissman



Dr. Goldberg



Dr. Stern



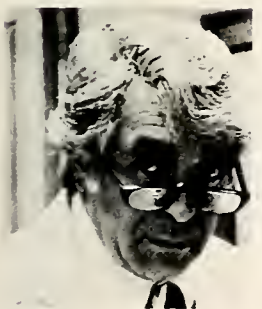
Dr. Baurmash



Dr. Rosenberg



Dr. Shattan



Dr. Di Mango



Dr. Rabinowitz



Dr. Kritchman



Marlene



Dr. Smith



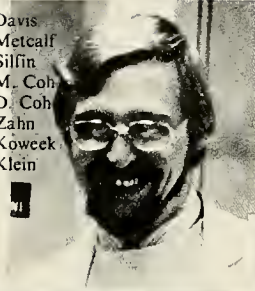
Dr. Cardillo



Dr. O'Grady

# PEDODONTICS

Drs: Davis  
Metcalf  
Sillin  
M. Coh  
D. Coh  
Zahn  
Kowcek  
Klein



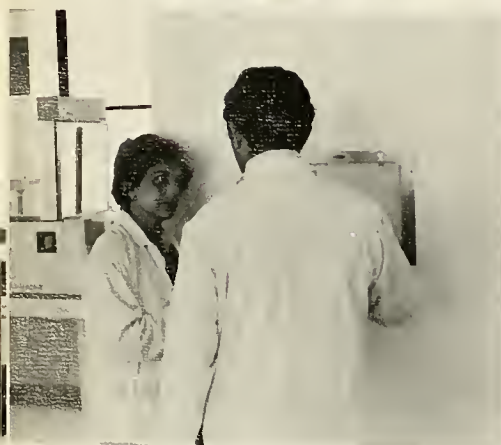
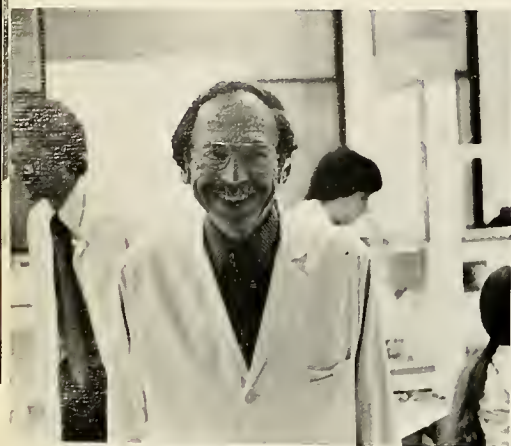
# SPECIAL SERVICES



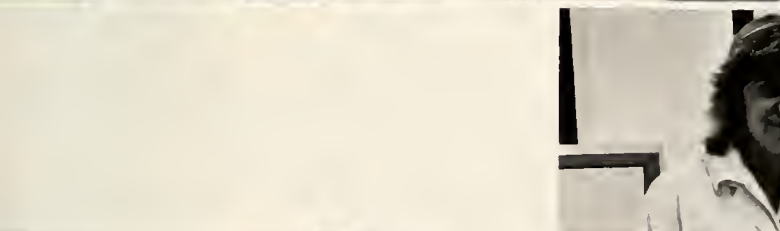
Drs. King  
Bruno  
Horowitz  
Marbach  
Lund  
Varosak  
Petronella  
Kiriakopolis  
Dean DeLuke  
Green  
Rocco



# PREVENTIVE



# TEAM



# SUPPORTING STAFF



MR. CLARKE



MS. STRANO



MS. PARELL



MR. HERRMANN



MS. BAKER



MS. WEARING



MR. McGRATH



MR. SULLIVAN



MS. MITCHELL



MS. ROSARIO



MS. CASILLAS



MS. POSKITT



MS. RANGE



MR. WALKER



MS. MILLER



MS. DEVINE



MS. DEJESUS



MS. GIRADO



MS. HARRISON



MS. BORRELLI



MS. BARNES



MS. KOBRIN



MR. OCASIO



MS. GOODWIN



MS. RIVERA



MS. EMMERICH



MS. BUNGER



MS. VERO



MS. RUISI



MS. CORCORAN



MS. IRIZARRY



MS. CARNEY



MS. GEORGE



MS. LENNON



MS. GROOPMAN



MS. WRIGHT



MR. CINTRON



MS. BENJAMIN



MS. DAVIS



MS. GOLDSTEIN



MS. HERRERA



MR. BRACERO



MS. FARRINGTON



MS. WORKS



MS. GOLDSTEIN

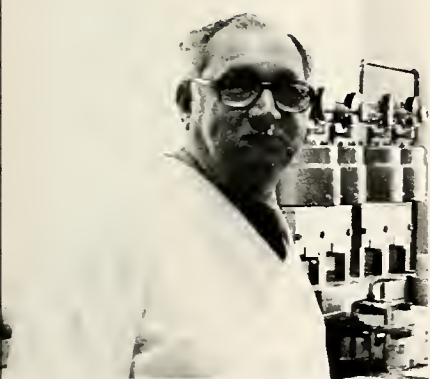


MS. GUERRERO

# TECHNICIANS



JOHN SASSANO



"PAPA" NICK VERO



DR. JOSE



DR. LUIS



MITCH EISENSTADT



JOHN CAMERON



"May I dismiss my typodont now?"



One snort of eugenol ...



"I'm sorry but ..."

"Pierre Fou-  
chard? Sure  
I knew him."





The thrill of victory



The agony of defeat



"Is my moustache on stright?"



The last supper



"Is Trace one of the boys or not?"





5 unit bridge

Bend over just a little more.

"It's Purim, what are you doing here?"



"But my father is my dentist."



"Who needs help with those copper bands?"



"Ahhh . . . Those air-jets!"



"You know I can't hear you when I'm in the shower."

Squanto

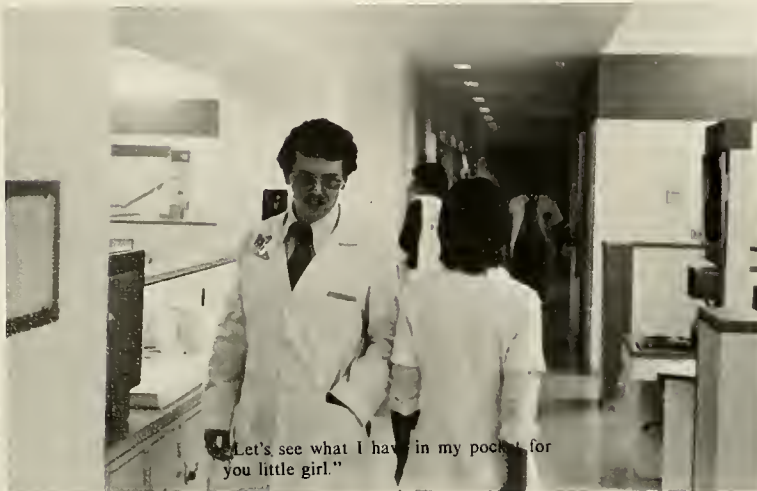
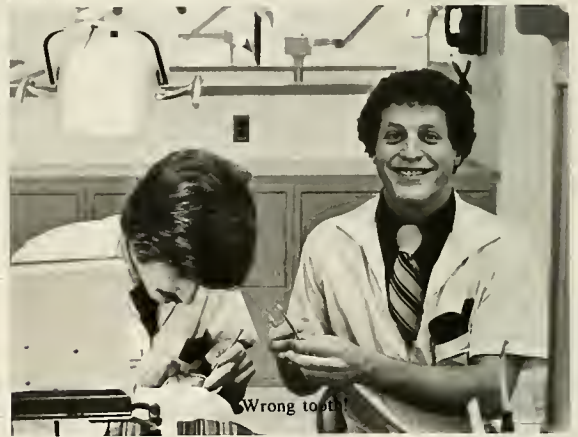


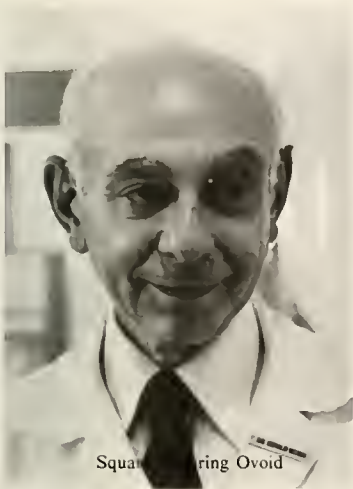
U

Ma.

Cle.

2





Squaring Ovoid



"I think I gave myself an A+."

Camesas



"But I'm having trouble swallowing."



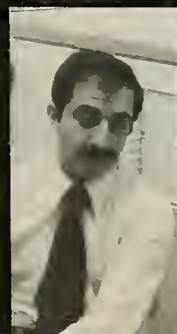
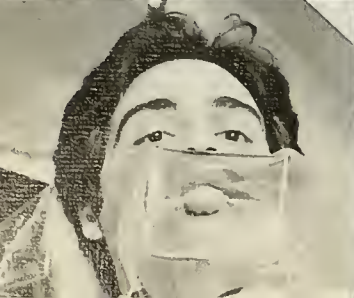
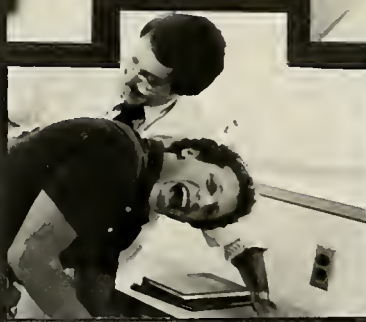
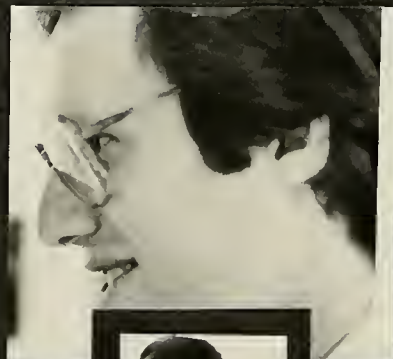
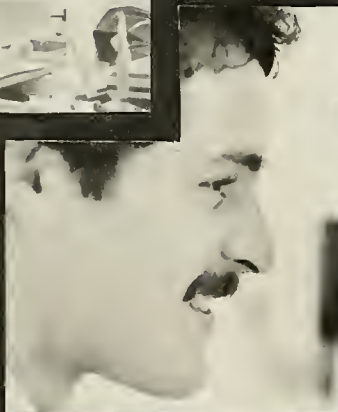
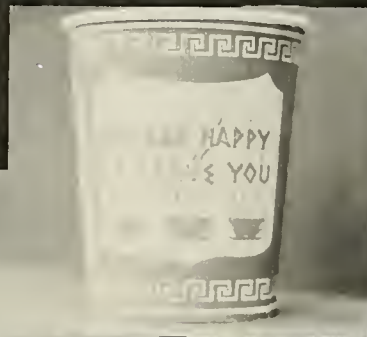
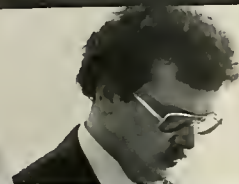
"One day I'll be a real doctor."

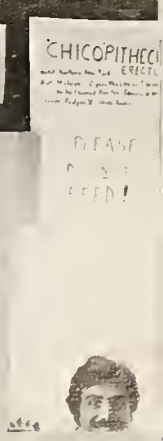
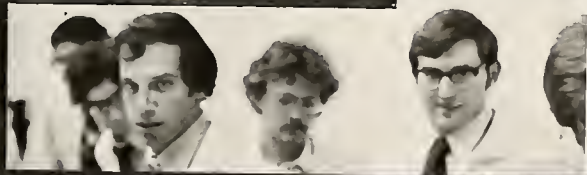
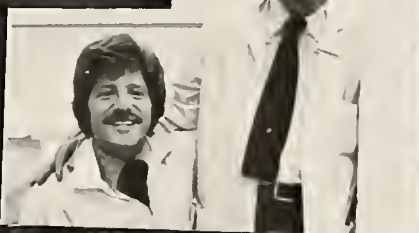
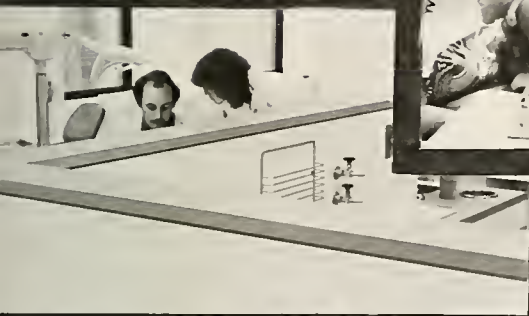


Coffee Break



base is ko-





# CLASS OF 1979





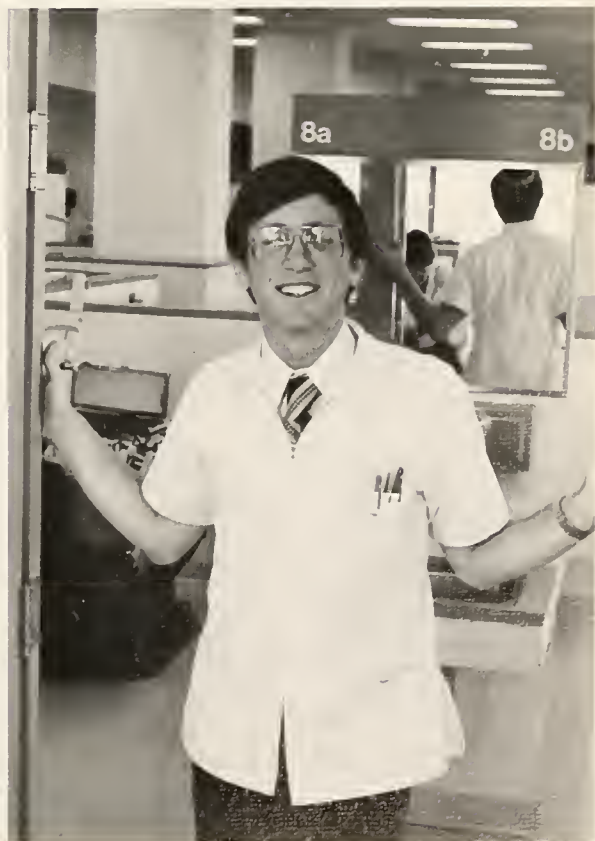


**NEIL HENRY ZANE, DDS**





*Stanley J. Weiss DDS*





## ROBERT B. TRACEY, DDS

"Still crazy after all these years"





**EMANUEL  
TENNENBAUM, DDS**

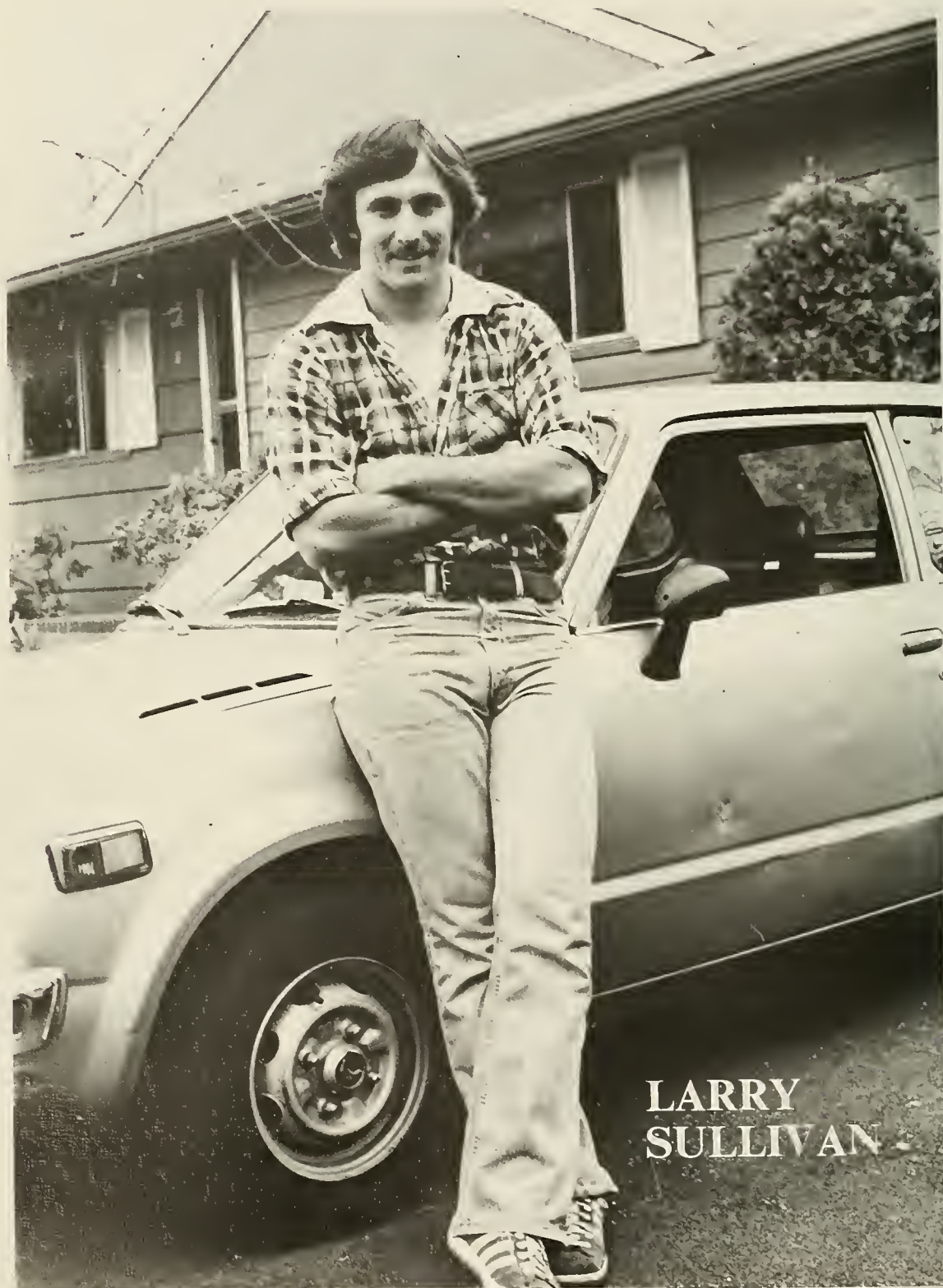


*Michael D Switzer*



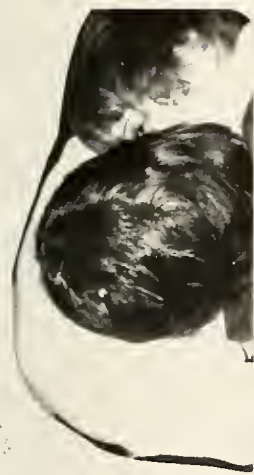


*Laurence D. Susman D.D.S.*



LARRY  
SULLIVAN

"Cold Mountain - Being the Ocean."



ADM-134T



EXP DT  
# 8-11-78



RHONA STANLEY

Name

DENTAL STUDENT

Title

DENTISTRY

Department

Signature Rhona Stanley

Carry this badge at all times  
Wear this badge when on duty



**JOHN SOPCHAK, DDS**





*Aaron J Segal DDS*



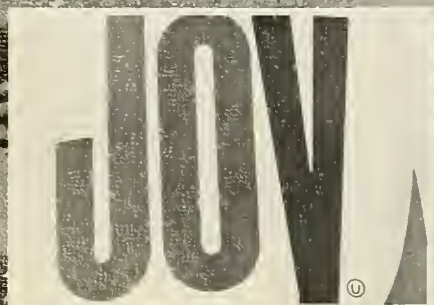


Joy \_\_\_\_\_ to \_\_\_\_\_ the world,



Joy

to the world.



Ann Schuchman

WILLIAM JARVIE SOCIETY  
BAYONNE, NEW JERSEY

Dear Students:

If you haven't noticed, with the graduation of the Class of '78, our society was wiped out. We need warm bodies! As an added inducement, our committee has proposed the following distinguished privileges (in addition to enhancing your resume):

1. rotating presidency - each and every student is guaranteed a shot at it;
2. free Joe Dandy discs;
3. 10 points on any exam of your choice (except Honcho Goldman quizzes);
4. free Jarvie clinic button guaranteed to produce higher clinic grades;
5. permission to wear extended length (knee length) orange tunics;
6. an authentic radiation badge;
7. an "inside line" on any new (?) operative techniques prior to release by the department;
8. administration approval to have charts out one additional night;
9. the preventive department has consented to permit those chosen few to take unsupervised plaque indices;
10. operative departmental approval to burnish selected amalgam cases under direct supervision of Henry Chang;
11. free cardiopulpal vitalometer (batteries not included);
12. an autographed picture of Ed Cain suitable for framing;
13. guaranteed summer externship for no pay;
14. a waiver on the requirement that all members have CO and CR coincide;
15. personalized hydrocolloid quadrant trays;
16. certificate of achievement to be placed in your permanent record;
17. special consideration for acceptance in the Columbia University dental residency program;
18. a "night on the town" with Lucky LosCalzo!
19. a 10% discount on selected items from Mr. McGrath between July 15 and September 6; and
20. your own hydrocolloid unit and control solution.

I want to impress upon you that these are only privileges and that the real reward comes from belonging and participating in a meaningful experience. Send all applications in today. All applications submitted prior to July 1, 1978 will not only get automatic approval but, as an added incentive, we will award you your own gold foil condensor tips!

Looking forward to seeing you.

Sincerely,



Dr. Chauncey Farquay, III, D.M.D.M.D.  
Grand High Exalted Mystic Ruler and  
Imperial Wizard  
William Jarvie Society  
Regional Office  
Bayonne, New Jersey

MICHAEL ROTHSTEIN



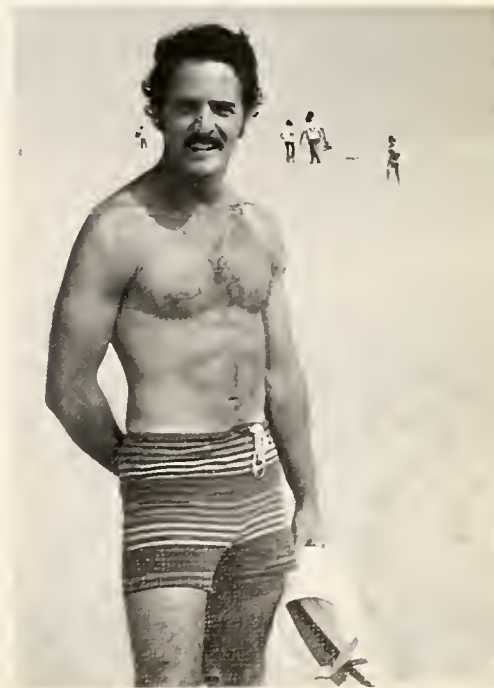
*phyllis merriam*





*Jonathan Roberts*

**JONATHAN  
ROBERTS, DDS**



# Picnic

SUN



L. J. ... + guest  
A. Martin + guests  
J. ... + L. ...

Zoo + ? (H. G. ...) + DR. CAIN  
SWINERS + HAREMY ...

L. ... + GUEST (?)  
R. ... + guest (?)

Sal Napoli +

(?) Steven Glickman + GUEST

(?) Ch. A. Skolnick (?) + ...

FRANK NASSER

Phyllis + doctor (car)

Haron ... + w. ...

... + ...  
... + ...  
... + ...

**TERRY REED, DDS**

DOC Ranne Myers

PIC HOME MARKWITZ + Fred ... + Dino

BERDJ TEREDJIAN + GUEST - Can I bring an organ

J. GILLIAND + in ... + ...

Larry Sullivan

Rothstein + con

lowes ... + ...

Peter ...  
June



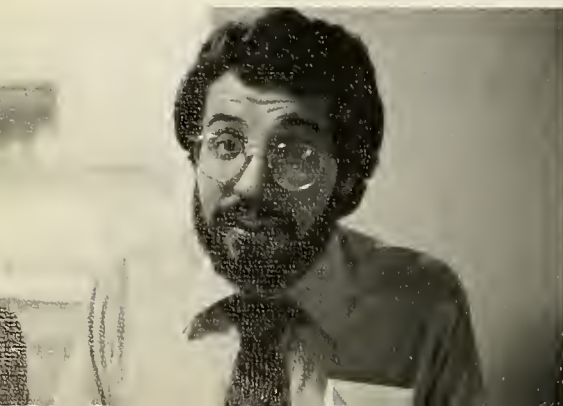


John F. Pati DDS.





**JOHN ALAN NIESKENS,  
DDS**



**FRANK NASSER, DDS**



**SALVATORE  
NAPOLI, DDS**





## RONNIE MYERS





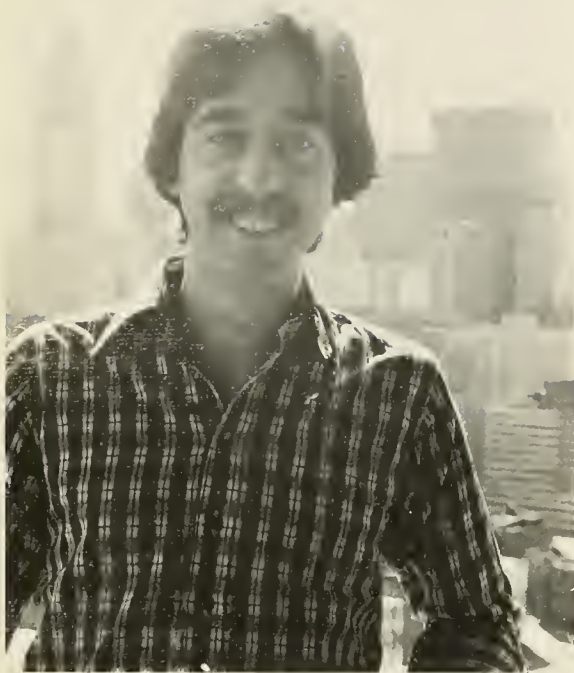
This whole trip I'm talking about is fraught with paradox. The most exquisite paradox: as soon as you give it up- all of it- you can have it all.

**MICHAEL  
MOLNAR**



*Richard F. Meyer, D.D.S.*





*Alex Joseph Martin*





**HOWARD STEVEN "BARNEY"  
MARKOWITZ, DDS**



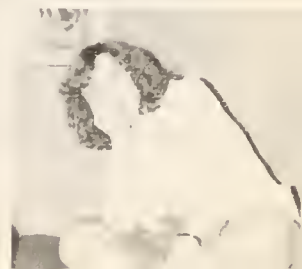


*Cheryl Marcus*





*Natalie A. Marchaloni*





Aske Moxdorf DDS





**ROBERT MALKIN,  
DDS**





**ROBERT LEWANDO, DDS**

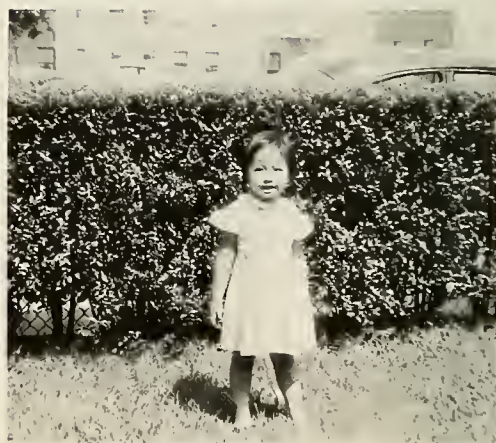


# FRED R. LEESS, DDS





**ANN LEE**





*Irving Lebovitz DDS*



**STEWART K.  
LAZOW, DDS**





Some time during the sophomore technique experience, I decided to dedicate my year book page to my class, the Boys and the non-Boys, as a thank you for making the dental school trip tolerable. And so here I am at last, at long last, graduating and it's the time now to say thank you for all the laughs, help, support and friendship.

oh

**OLGA HUSSAKOWSKY, DDS**



*John Hulbrook*



**LARRY S. HONIGMAN, D.D.S.**





"I swear --- by my life and my love of it ---  
that I will never live for the sake of  
another man, nor ask another man to  
live for mine." ..... Ayn Rand

*Claudia A. Gohs*  
*Class of 1979*

# LEWIS H. GROSS, DDS





**STEVEN E.  
GLICKMAN**





**JOSEPH GUILIANO**

*Joseph Guiliano*





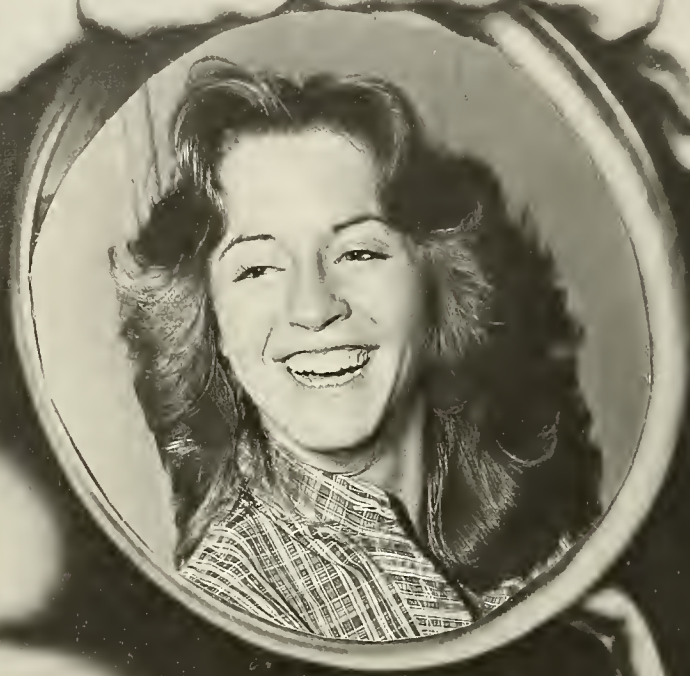
**BERDJ FEREDJIAN**





## DAVID EHRENBERG





*Marietta Donohue P.D.S.*  
*"Etta"*



**LOUIS G. COLACICCO, DDS**





Vinny Capasso D.D.A.





**LARRY  
CAMESAS, DDS**





**SALVATORE M.  
BONANNO**





**ANITA BODNAR  
SKOLNICK, DDS**

*Anita Bodnar Skolnick D.D.S*

**SKOLNICK**

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**STEVEN DAVID  
BLONDER, DDS**



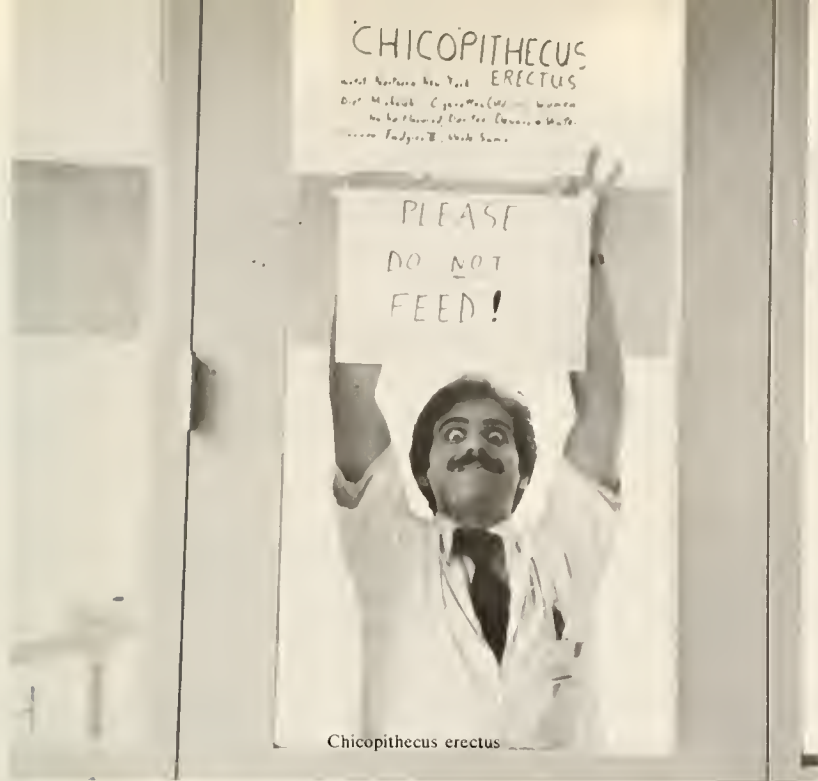
**PETER M.  
BARACKS**

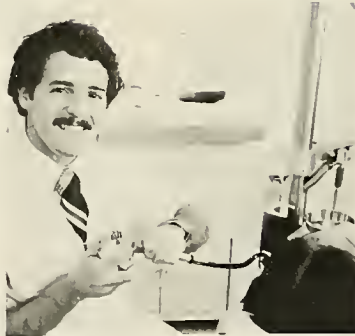
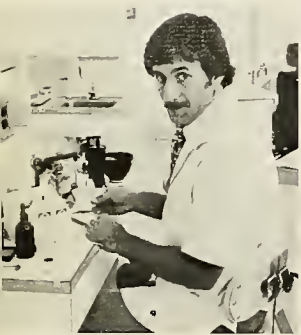




*Charles R. Amutik D.O.S.*







**AT  
WORK**



AND

IN

BETWEEN



"Somebody call me?"



"I think I lost a file in here!"



"We might as well stand here and smile, no one's doing operative."



"Students, it's 4:30: It's the last dance!"



The Supremes

"How many mgs. of lidocaine in a carpule?"

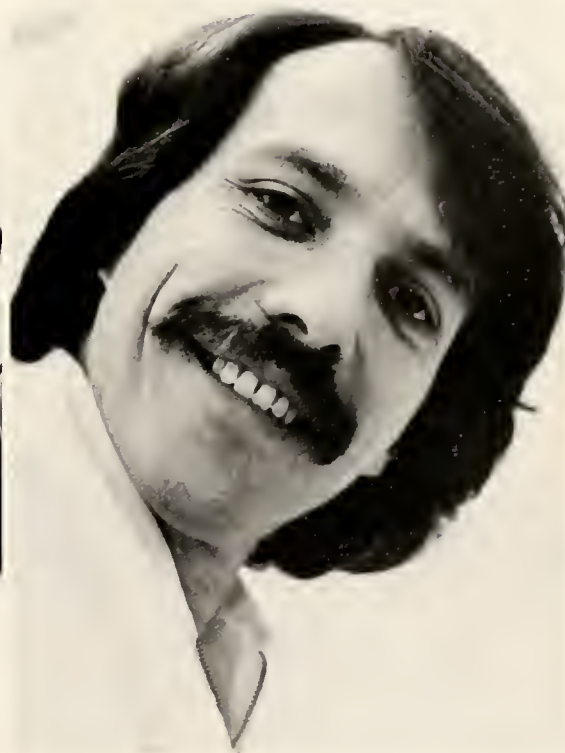




What do you mean you swallowed your dentures!



No I'm not with preventive!

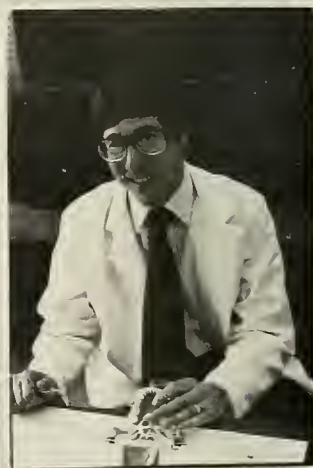


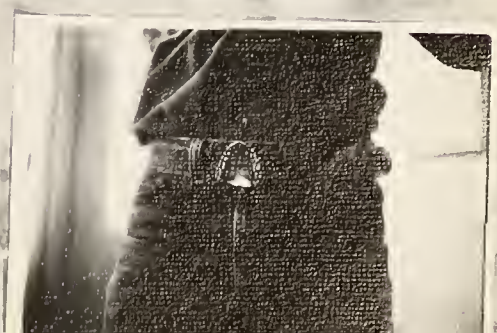
Michael Rothstein

# JUNIORS



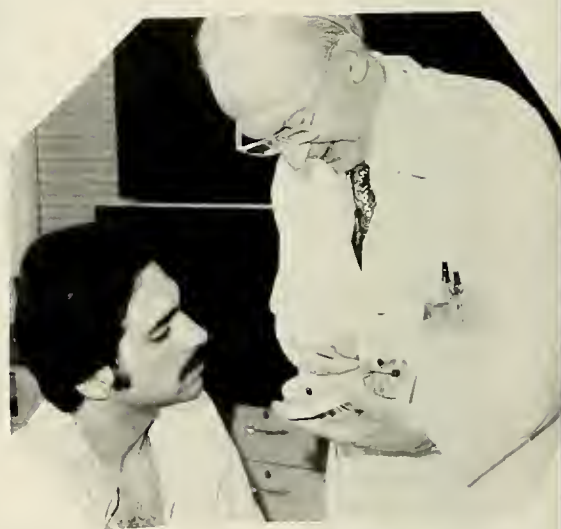








## FRESHMAN

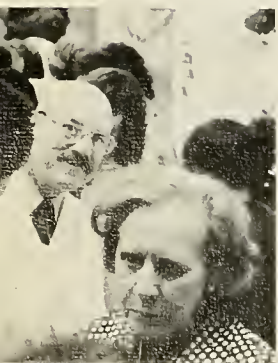




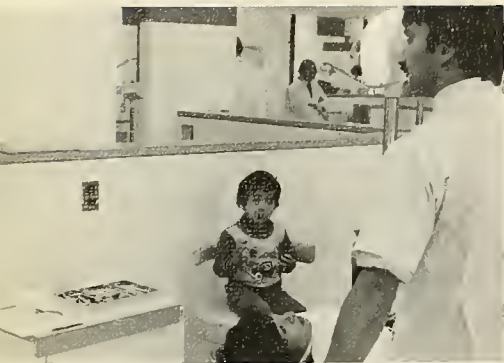


# ROOTS









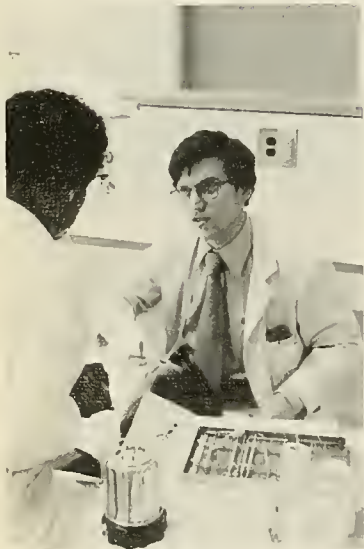
"Herbie Ayers, sure I knew him."



Bulla



"Hey, where's your hand lens?"



Soft tissues, w.n.l.



"If you don't watch it, I'll move your teeth."



"I thought you said the upper right 6."

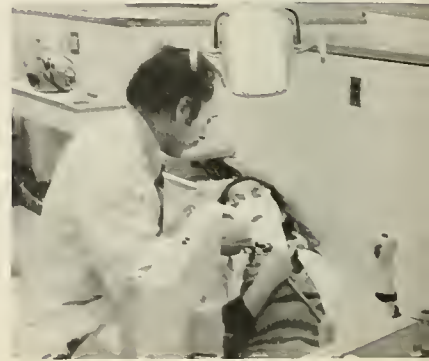
"When's it due?"



"I think I'll only wash one hand."



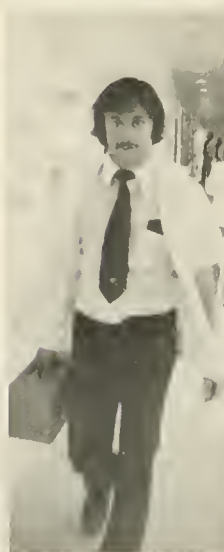
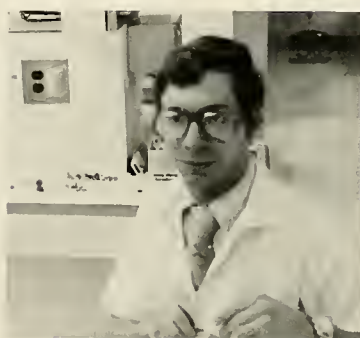
"Is it safe?"





## DENTISTS MAKE BETTER LOVERS



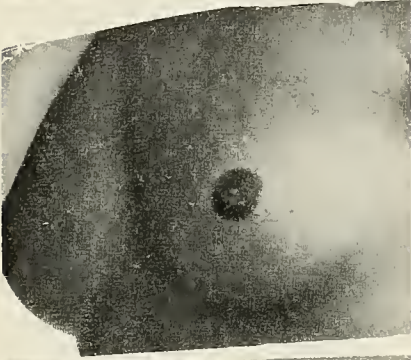




"Atarax on the rocks ain't bad."



Precision breasts



Lingual supporting arm



Special Dental Services



"Jack, try Double-Bubble."

"Sal, your patient left 10 minutes ago."



"Why doesn't anyone call me Dr. Habeeb?"



SR. A's



*Wendy J. Ferguson*  
*Psalms 139*



**JOAN  
CASSANELLI**





**CHARISSE  
ANN MARIE  
ALTAVILLA**

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DONA TEKEL



KAREN FERENCZ



*Hlene Isack*





HOW WONDERFUL TO FIND THE ONE  
WHO MAKES LIFE  
WORTH THE LIVING  
THE ONE WHO'S  
SWEET AND THOUGHTFUL  
SELDOM TAKING, ALWAYS GIVING...

SHARLA SCHWARTZ-LAVITAN



THOSE  
DOG-GONE  
CANINES !!!

# DIVISION OF DENTAL HYGIENE







*Barbara Dearborn*



Fran Kener

You give but little  
when you give of your  
possessions.

It is when you give  
of yourself  
that you truly give.







*Ellen Kaye*





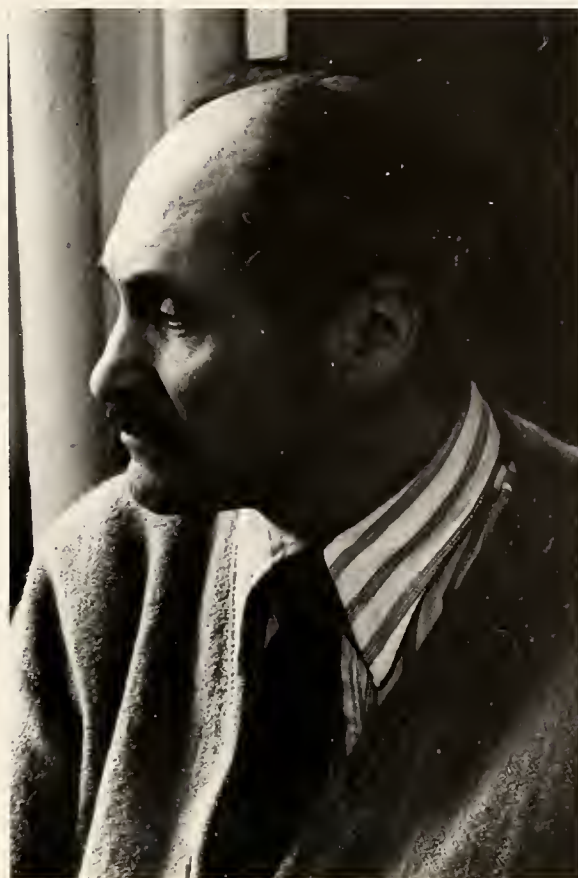
*Judith*

*Cyzner*





Fern Fortunea Cohen





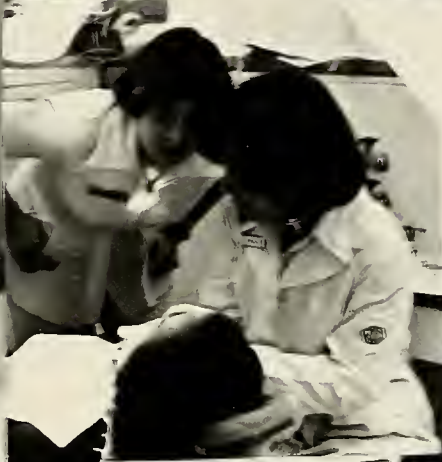
*Arlene*

*Ginorio*



# FRANCES ROGERS







*lounge*

*a relaxing afternoon in the*



*a disapproving eye*



*it doesn't label it but it's*



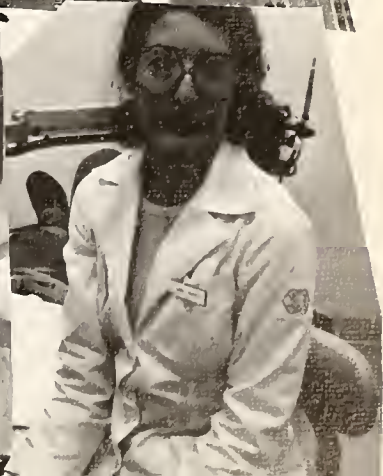


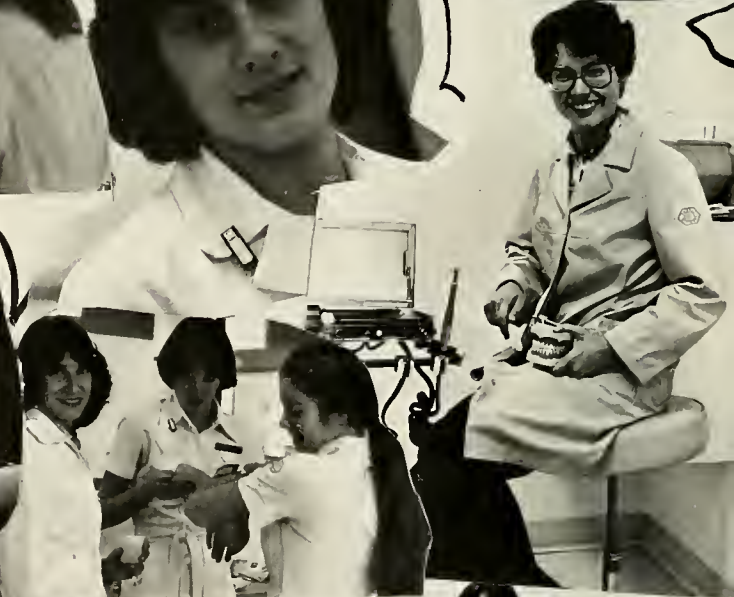


*how to complete a heavy  
in 5 minutes*



*next  
please....*







SR. B's

Denise Fedele



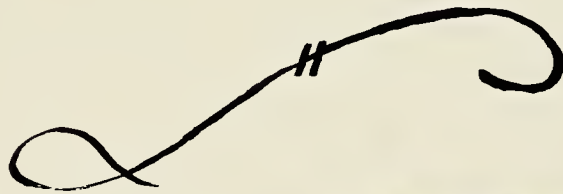
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*Diane Costas*





**MARJORIE M. TONGUE**

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**FARIBA KHAJEHZADEH**



*Denise Di Salvo*



*Jo Ann Rigolizzo*



MARGARITA AYALA

## JR. A's





## JR. B's





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Director



## **JUDY GOODRICH**

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**OLGA A. IBSEN**

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**MARLENE  
KLYVERT**

Assistant Professor

**SUSAN  
ROD**

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**NANCY MCVAY**

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**LINDA BOHACEK**

Instructor





## **JOHANNA ODRICH**

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*Administrative Aide*



## **VALERIE COOKE**

*Instructor*

*Not Pictured*



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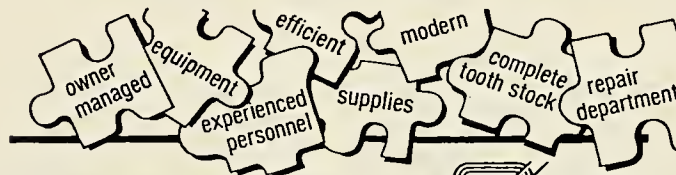




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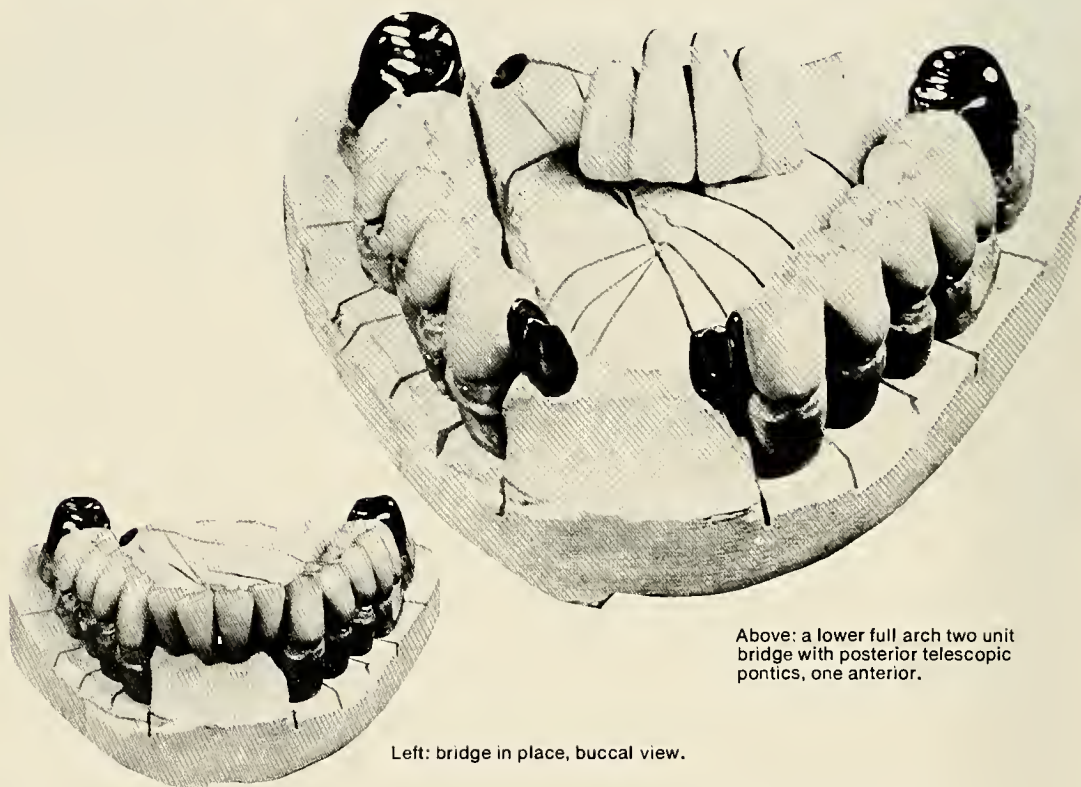
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From the

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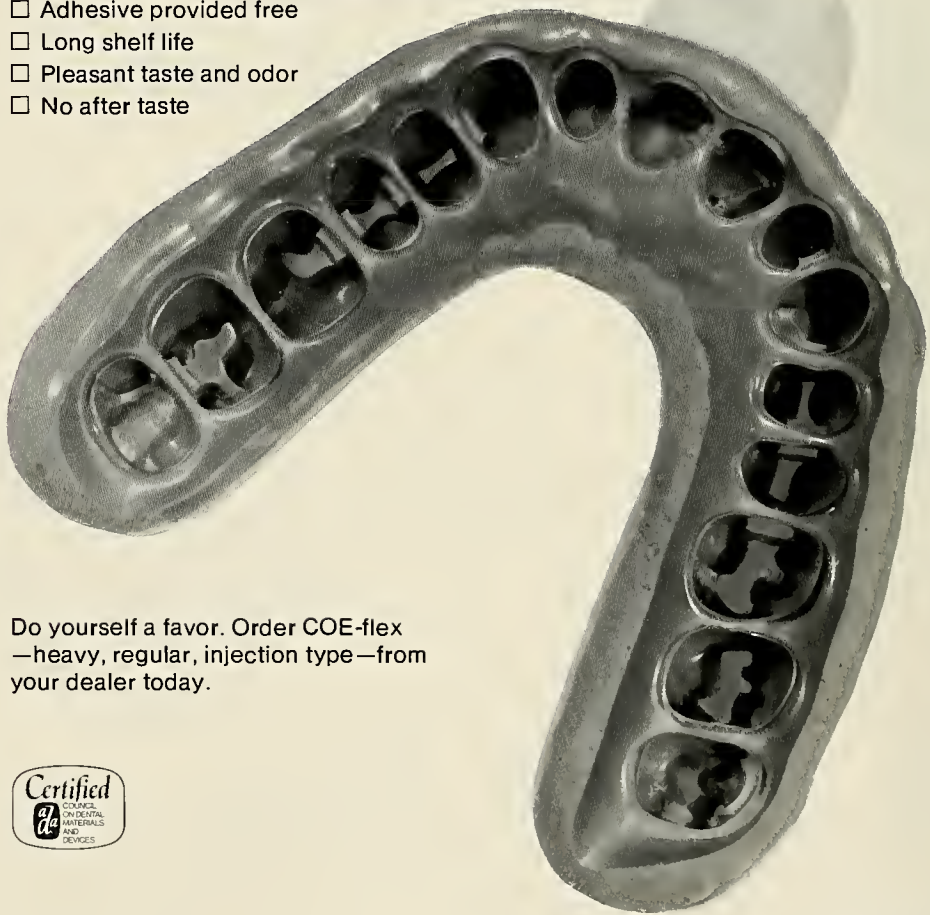
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# Cuestionario de Salud

Nombre \_\_\_\_\_ Sexo \_\_\_\_\_ Edad \_\_\_\_\_  
Direccion \_\_\_\_\_  
Telefono \_\_\_\_\_ Estatura \_\_\_\_\_ Peso \_\_\_\_\_  
Fecha \_\_\_\_\_ Ocupacion \_\_\_\_\_ Estado Matrimonial \_\_\_\_\_

## INDICACIONES

Si su respuesta a la pregunta es afirmativa, dibuje un circulo alrededor del "SI"

Si su respuesta a la pregunta es negativa, dibuje un circulo alrededor del "NO"

Conteste a todas las preguntas y llene los blancos segun sea indicado.

Las contestaciones a las siguientes preguntas son para su historial medico solamente y seran consideradas confidenciales.

1. Goza ud. de buena salud? ..... SI NO  
a. Ha habido cambios en su estado de salud en el ultimo año? ..... SI NO
2. Mi ultimo examen fisico fue en \_\_\_\_\_
3. Esta ud. ahora bajo tratamiento medico? ..... SI NO  
a. Si es asi, cual es la causa de su tratamiento?
4. Nombre y direccion de su medico? \_\_\_\_\_
5. Ha sufrido ud. alguna enfermedad grave o ha sido operado? ..... SI NO  
a. Si es asi, cual fue la enfermedad u operacion? \_\_\_\_\_
6. Ha sido ud. hospitalizado o ha sufrido alguna enfermedad en los ultimos cinco (5) años? SI NO  
a. Si es asi, cual ha sido el problema? \_\_\_\_\_
7. Tiene o ha tenido ud. alguna de las siguientes enfermedades o problemas:
  - a. Fiebre reumatica o enfermedad reumatica del corazon? ..... SI NO
  - b. Lesiones congenitas del corazon? ..... SI NO
  - c. Enfermedad cardiovascular (trastornos del corazon, ataque al corazon, insuficiencia coronaria, trombosis coronaria, presion alta, arterioesclerosis, derrame cerebral)?
    - 1) Siente ud. dolor en el pecho cuando hace alguna fuerza? ..... SI NO
    - 2) Se siente ud. fatigoso despues de hacer ejercicios moderados? ..... SI NO
    - 3) Se le inflaman los tobillos? ..... SI NO
    - 4) Le falta la respiracion cuando se acuesta, o necesita ud. una almohada adicional cuando duerme? ..... SI NO
  - d. Alergias? ..... SI NO
  - e. Asma o fiebre de heno? ..... SI NO
  - f. Urticaria o erupcion de la piel? ..... SI NO
  - g. Mareos o desmayos? ..... SI NO
  - h. Diabetis? ..... SI NO
    - 1) Tiene que orinar (mas de seis veces al dia)? ..... SI NO
    - 2) Tiene sed la mayor parte del tiempo? ..... SI NO
    - 3) Se le reseca la boca con frecuencia? ..... SI NO
  - i. Hepatitis, ictericia o enfermedad del hgado? ..... SI NO
  - j. Artritis? ..... SI NO
  - k. Reumatismo inflamatorio (inflamacion dolorosa de las coyunturas? ..... SI NO
    1. Ulceras del estomago? ..... SI NO
  - m. Trastornos del riñon? ..... SI NO

## HEALTH QUESTIONNAIRE



Date \_\_\_\_\_

Name Senior Class Address 630 W 168<sup>th</sup> St  
 Last First Middle Number & Street  
New York NY 10032  
 City State Zip Code Home & Business Phone  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Occupation \_\_\_\_\_  
 Married \_\_\_\_\_ Spouse \_\_\_\_\_ Single \_\_\_\_\_  
 Closest Relative \_\_\_\_\_ Phone \_\_\_\_\_

If you are completing this form for another person, what is your relationship to that person?  
 \_\_\_\_\_

In the following questions, circle yes or no, whichever applies. Your answers are for our records only and will be considered confidential.

1. Has there been any change in your general health within the past year ..... YES ☒ NO
2. My last physical examination was on \_\_\_\_\_ ?
3. Are you now under the care of a physician ..... YES ☒ NO
  - a. If so, what is the condition being treated \_\_\_\_\_
4. The name and address of my physician is \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Have you had any serious illness or operation ..... YES ☒ NO
  - a. If so, what was the illness or operation \_\_\_\_\_
6. Have you been hospitalized or had a serious illness within the past five (5) years ..... YES ☒ NO
  - a. If so, what was the problem \_\_\_\_\_
7. Do you have or have you had any of the following diseases or problems.
 

|                                                                                                                                                          |     |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|
| a. Rheumatic fever or rheumatic heart disease .....                                                                                                      | YES | <input checked="" type="radio"/> NO |
| b. Congenital heart lesions .....                                                                                                                        | YES | <input checked="" type="radio"/> NO |
| c. Cardiovascular disease (heart trouble, heart attack, coronary insufficiency, coronary occlusion, high blood pressure, arteriosclerosis, stroke) ..... | YES | <input checked="" type="radio"/> NO |
| 1) Do you have pain in chest upon exertion .....                                                                                                         | YES | <input checked="" type="radio"/> NO |
| 2) Are you ever short of breath after mild exercise .....                                                                                                | YES | <input checked="" type="radio"/> NO |
| 3) Do your ankles swell .....                                                                                                                            | YES | <input checked="" type="radio"/> NO |
| 4) Do you get short of breath when you lie down, or do you require extra pillows when you sleep .....                                                    | YES | <input checked="" type="radio"/> NO |
| d. Allergy .....                                                                                                                                         | YES | <input checked="" type="radio"/> NO |
| e. Sinus trouble .....                                                                                                                                   | YES | <input checked="" type="radio"/> NO |
| f. Asthma or hay fever .....                                                                                                                             | YES | <input checked="" type="radio"/> NO |
| g. Hives or a skin rash .....                                                                                                                            | YES | <input checked="" type="radio"/> NO |
| h. Fainting spells or seizures .....                                                                                                                     | YES | <input checked="" type="radio"/> NO |
| i. Diabetes .....                                                                                                                                        | YES | <input checked="" type="radio"/> NO |
| 1) Do you have to urinate (pass water) more than six times a day .....                                                                                   | YES | <input checked="" type="radio"/> NO |
| 2) Are you thirsty much of the time .....                                                                                                                | YES | <input checked="" type="radio"/> NO |
| 3) Does your mouth frequently become dry .....                                                                                                           | YES | <input checked="" type="radio"/> NO |
| j. Hepatitis, jaundice or liver disease .....                                                                                                            | YES | <input checked="" type="radio"/> NO |
| k. Arthritis .....                                                                                                                                       | YES | <input checked="" type="radio"/> NO |
| l. Inflammatory rheumatism (painful swollen joints) .....                                                                                                | YES | <input checked="" type="radio"/> NO |
| m. Stomach ulcers .....                                                                                                                                  | YES | <input checked="" type="radio"/> NO |
| n. Kidney trouble .....                                                                                                                                  | YES | <input checked="" type="radio"/> NO |
| o. Tuberculosis .....                                                                                                                                    | YES | <input checked="" type="radio"/> NO |
| p. Do you have a persistent cough or cough up blood .....                                                                                                | YES | <input checked="" type="radio"/> NO |
| q. Low blood pressure .....                                                                                                                              | YES | <input checked="" type="radio"/> NO |
| r. Venereal disease .....                                                                                                                                | YES | <input checked="" type="radio"/> NO |
| s. Other _____                                                                                                                                           |     |                                     |

